



CITY OF BLOOMINGTON  
parks and recreation

## Fourth of July Parade—Application



There are many ways for your organization to get active in Bloomington. Come show us how you get active by participating in the Fourth of July Parade honoring the theme “**Get Active, Bloomington**” and help build a community connection. We encourage you to build a float that showcases how you get active in Bloomington, whether it is by volunteering, exercising, learning, camping, or the many other ways to show activity. Or better, organize a marching troop and get active out on the parade route!

**Saturday, July 4th 10:00 am**

**\$15 Entry Fee**

Payable to: City of Bloomington Parks and Recreation

**Special Thank You to:**  
**The American Legion**  
**Burton Woolery Post 18**

Applicants must complete the front and back of this form. Application deadline is Monday, June 15th  
(In the event that an entry is not accepted the \$15 entry fee will be returned)

One unit per entry form

Individual's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Entry: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### Unit Description

Please check all that apply:

\_\_\_ Equestrian (Rider's name \_\_\_\_\_; Horses name \_\_\_\_\_)

\_\_\_ Band (Name: \_\_\_\_\_ #people \_\_\_\_\_)

\_\_\_ Uniformed Marching Unit (Name: \_\_\_\_\_ #people \_\_\_\_\_)

\_\_\_ Antique Automobile (Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_)

\_\_\_ Float (Sponsor's Name: \_\_\_\_\_ Length including vehicle \_\_\_\_\_)

\_\_\_ Truck (Type: \_\_\_\_\_)

\_\_\_ Emergency Vehicle (Type: \_\_\_\_\_)

\_\_\_ Bicycle (Number of Bikes: \_\_\_\_\_)

\_\_\_ Four—wheel Drive (Theme decorated vehicles only please)

\_\_\_ Politician (Walking \_\_\_ or Riding \_\_\_)

\_\_\_ Dignitaries (Walking \_\_\_ or Riding \_\_\_)

\_\_\_ Queen (Walking \_\_\_ or Riding \_\_\_)

\_\_\_ Amplified Music

\_\_\_ Other (please explain \_\_\_\_\_)

The parade is a family oriented event and  
entries must be age appropriate. Any entry that is deemed inappropriate by parade officials will be  
removed from the parade. No on-site/day of applications will be allowed.

ANYONE PARTICIPATING IN THE PARADE MUST  
SIGN THE ENCLOSED WAIVER. PARTICIPANTS  
UNDER 18 YEARS OF AGE MUST HAVE A  
PARENT OR GUARDIAN SIGN FOR THEM.

COMPLETED WAIVERS ARE DUE AT PACKET  
PICK-UP ON **THURSDAY JUNE 25** from  
**8:00am—5:00pm.**

Information on your organization for the Parade Announcers:

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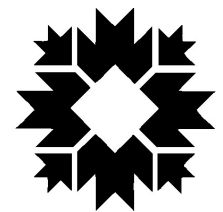
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Return Entries to:  
City of Bloomington Parks and Recreation  
Attention: Sarah Nix  
PO Box 848  
Bloomington, IN 47402  
Fax: 812-349-3705  
Phone: 349-3748



**CITY OF BLOOMINGTON**  
**parks and recreation**

**Organization Name:** \_\_\_\_\_

**MUST be signed to participate!**

The undersigned is the adult Program Participant, or is the parent or legal guardian of the Program Participant. The undersigned hereby states that s/he understands the activities that will take place in this program, and that the Program Participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the Program Participant sustains an injury in the course of the program, and the City of Bloomington Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, the City of Bloomington Parks and Recreation Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The Program Participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The Undersigned now releases the City of Bloomington, the Bloomington Parks and Recreation Department, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that this release applies to any present or future injuries and that it binds the Undersigned, Undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity.

I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

**PRINT YOUR NAME** \_\_\_\_\_

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent (if under 18 years of age) \_\_\_\_\_ Date: \_\_\_\_\_

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